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CONFIRMATION NO. 4213

<b>SERIAL NUMBER</b> 10/613,115	<b>FILING OR 371(c) DATE</b> 07/03/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> S-9-6
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

✓ This application is a CON of 09/676,194 09/28/2000 PAT 6,602,248 which claims benefit of 60/224,107 08/09/2000 and is a CIP of 09/134,472 08/21/99 PAT 6,264,650 which is a CIP of 09/1295,637 04/24/99

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 195 13 990.9 04/13/1995 PAT 6,203,542 and 09/054,323 04/02/98 PAT 6,063,079 and 09/1268,616 09/15/99 PAT 6,159,208 which are CIPs of 08/1910,374 12/15/97 PAT 6,109,268 which is a CIP of 08/485,219 04/07/93 PAT 5,697,281 \*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 10/28/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 47	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature	Initials			

ADDRESS  
021394

## TITLE

Methods for repairing damaged intervertebral discs

<b>FILING FEE RECEIVED</b> 1052	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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\* 09/676,194 is also a CIP of 09/024,851 02/20/98 PAT 6,277,112 which is a CIP of 08/690,139 07/18/96 PAT 5,902,272